



IO19961

United States
Department of
Agriculture

Animal and
Plant Health
Inspection
Service

Policy and Program
Development

Environmental
Services, Unit 149
4700 River Road
Riverdale, MD
20737

ENQL 7-1 CY08
PERMANENT
Retire 08/13

August 21, 2008

Document Processing Desk [6(a)(2)]
Office of Pesticide Programs (7504P)
U.S. Environmental Protection Agency
Ariel Rios Building
1200 Pennsylvania Avenue, N.W.
Washington, DC 20460-0001

ATTN: Norman Spurling (7502P)

SUBJECT: **FIFRA, Section 6(a)(2) report: Aggregate adverse effect
incidents dated April and June 2008 for the reporting period
ending July 31, 2008**

This aggregate adverse incident report, received after submission of our July 18th aggregate report, is for the following pesticide product:

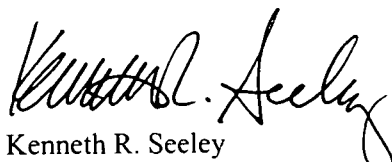
EPA Reg. No. 56228-15
Active Ingredient:
Sodium Cyanide

M-44 Cyanide Capsules
CAS No. 143-33-9

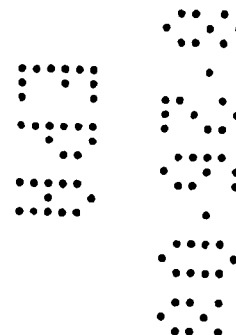
<u>Incident Category</u>	<u>No. of Incidents</u>
D-A	1
W-B	1

Please direct any questions pertaining to this adverse incident report to Elizabeth Nelson at (301) 734-4834 or e-mail elizabeth.e.nelson@usda.gov.

Sincerely,


Kenneth R. Seeley
Chief, Environmental Services

Enclosure



Safeguarding American Agriculture
APHIS is an agency of USDA's Marketing and Regulatory Programs
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-001

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 6/13/08	DST USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 6/13/08 <input type="checkbox"/> Update	Date of last submission		
EMPLOYEE NAME (To contact for additional information) Chad Fox	TELEPHONE NUMBER 540-381-7387	CONTACT NAME (If Non-APHIS or different from reporter) [REDACTED]		TELEPHONE NUMBER
DUTY STATION ADDRESS 105 B Ponderosa Dr Christiansburg, VA 24073		ADDRESS [REDACTED] dog owner Pound, VA		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY Pound	STATE VA	COUNTY Wise	<input type="checkbox"/> Self <input type="checkbox"/> Media <input checked="" type="checkbox"/> Telephone Call <input checked="" type="checkbox"/> Oral Report <input type="checkbox"/> Letter <input type="checkbox"/> Other	

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

inhalation of sodium cyanide

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

livestock pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application, during manufacturing/formulation)

dog pulled M44 device

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M44 Sodium Cyanide Capsules	ACTIVE INGREDIENT Sodium cyanide 91.06%
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form)

Dog was allowed to roam free the evening of the 12th. Dog was found 20 feet from a pulled M44 device on the morning of the 13th, dog owner ^{originally} suspected dog was shot and laid near M44. No further communication is expected.

NAME OF PREPARER Chad Fox	SIGNATURE [Signature]	TELEPHONE NUMBER 540-381-7387	DATE 7-8-8
NAME OF SUPERVISOR Scott C. Barras	SIGNATURE [Signature]	TELEPHONE NUMBER 804-739-7739	DATE 7/17/08

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM

DST USE ONLY

REPORT NUMBER

"X" ONE

☐ Amphibian ☐ Fish ☐ Bird ☒ Mammal ☐ Invertebrate ☐ Reptile ☐ Plant

"X" ONE

☒ Domestic ☐ Wild

NUMBER OR ACRES AFFECTED

N/A

SPECIES COMMON NAME

domestic dog

BREED (if known)

pit bull

DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

dog was found dead w/i 20 feet of M44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

N/A

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

N/A

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)

In accordance with 26 EPA use restrictions

WAS PREBAITING USED ON THE SITE (Describe)

☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

livestock pasture / hay field

ADDITIONAL FACTORS

lamb losses in previous weeks occurred due to canine predation

NAME OF PREPARER

Chad J. Fox

SIGNATURE

Chad J. Fox

DATE

6-13-8

NAME OF SUPERVISOR

Scott C. Burr

SIGNATURE

Scott C. Burr

DATE

7/17/08

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
WILDLIFE SERVICES

-002

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 04/08/08	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 04/08/08	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information) Jeremy Duckwitz		TELEPHONE NUMBER 701-782-4143	CONTACT NAME (If Non-APHIS) TELEPHONE NUMBER	
DUTY STATION ADDRESS 367 Cottage Hazelton, ND 58544			ADDRESS	
INCIDENT LOCATION			SOURCE OF INFORMATION	
CITY	STATE ND	COUNTY Burleigh	<input type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input checked="" type="checkbox"/> Other 04/08/08	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]

Rangeland/Pasture

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]

M-44 devices activated by
non-target species
(Dogs, Feral, Free-Ranging and
Hybrids)

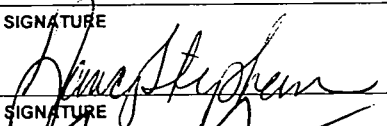
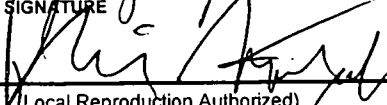
EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44 device had been set as part of an integrated
Predator damage program for livestock protection.

NAME OF PREPARER Nancy Stephan	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 07/23/08
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	TELEPHONE NUMBER 701-250-4405	DATE 7-24-08

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME Dogs, Feral, Free-Ranging Hybrids	BREED (If known)
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS

The Dog, Feral, Free-Ranging Hybrid was killed after activating M-44 device.

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)

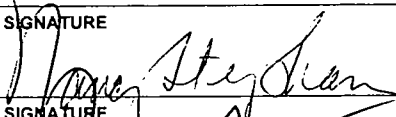
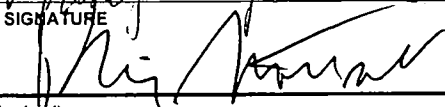
1 M-44 device was activated.

WAS PREBAITING USED ON THE SITE (Describe)
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED

M-44 device was set in Range/Pasture land for management of coyote predation on livestock

ADDITIONAL FACTORS

NAME OF PREPARER Nancy Stephan	SIGNATURE 	DATE 07/23/08
NAME OF SUPERVISOR Phil Mastrangelo	SIGNATURE 	DATE 7-24-08